

Prisoners' treatment is "bordering on torture," charity says

Owen Dyer *London*

The International Committee of the Red Cross is to establish a permanent presence in the prison camp at Guantanamo Bay naval base in Cuba, after pictures released by the US navy caused an international outcry at what appeared to be degrading treatment of the al-Qaida and Taliban prisoners from Afghanistan who are held there.

A four member Red Cross team, including a doctor, reviewed conditions at the camp and visited prisoners individually. Their report will not be made public but will be presented to US authorities.

A Red Cross spokesman told the media, however, that the United States had contravened the Geneva Conventions by releasing photos that showed the men kneeling shackled and blindfolded, wearing surgical masks and earmuffs. A provision forbids exposing prisoners of war "to public curiosity" (*Independent* 22 January, p 1).

A doctor from the UK based charity the Medical Foundation

for the Care of Victims of Torture also criticised the prisoners' treatment this week.

Dr Duncan Forrest, who has treated many torture victims for the charity, said the sensory deprivation inflicted on the prisoners was "bordering on torture" and "could cause immediate and lasting psychological symptoms akin to post-traumatic stress disorder if it lasted more than about 20 hours."

Although the prisoners are not shackled or blindfolded in their open air cages, the transit from Kandahar takes 27 hours, and the prisoners were shackled and blindfolded during that period.

"Shaving them and saying they are full of lice also strikes me as degrading behaviour, especially in view of their religious beliefs regarding beards," said Dr Forrest.

The United States claims that the detainees are "unlawful combatants" and not prisoners of war and are therefore not protected by the Geneva Conventions. This position has been rejected by the Red Cross and the UN High



Detainees guarded by military police in Camp X-Ray, Cuba

Commissioner for Human Rights, Mary Robinson.

Amendments made to the Geneva Conventions in 1977 specified that prisoners taken in internal and civil conflicts must still be considered prisoners of war. Article 4 of the 1949 convention, which defines the term

"prisoner of war," includes in its definition "members of regular armed forces who profess allegiance to a government or an authority not recognised by the Detaining power."

Some experts say, however, that the US interpretation is correct as the prisoners were not fighting for a "formed state." Ultimately, it will be for a court to decide. Prisoner of war status would guarantee certain rights, notably the right to return home at the end of hostilities and the right not to divulge any information beyond name, rank, and serial number.

Moreover, any prisoner of war accused of war crimes must be brought before a properly constituted court and given due process. The Americans plan to set up military tribunals, which will meet in private, with the power to hand out death sentences.

A meeting of aid donors in Tokyo this week led to pledges of aid totalling \$4.5bn (£3.2bn; €5bn) for the reconstruction of Afghanistan. □

US "boutique medicine" could threaten care for the majority

Fred Charatan *Florida*

Faced with shrinking incomes (*BMJ* 2000;321:1309) and rising overheads, especially malpractice premiums, American doctors are turning to what has been called "boutique medicine"—a luxury service offering patients fast track appointments and annual check ups.

In south Florida last June Dr Robert Colton, an internist with more than 20 years' experience, started a company called MDVIP with four other doctors. In return for a yearly membership fee of \$1500 (£1050; €1700), the doctors contracted to provide patients

with annual physical examinations, same day appointments, 24 hour doctor availability, co-ordinated referrals to specialists, and online access to their medical records. Dr Colton promised to limit his practice to 600 patients.

Now similar groups are springing up in Arizona and Washington state, including one in Seattle charging families \$20 000 a year. Plans are afoot to franchise Dr Colton's company in New York, California, Illinois, Texas, Maryland, and Virginia. Two internists are leaving Beth Israel Deaconess Medical Center

in Boston for their new practice, where patients will be charged \$4000 a year on top of the medical costs covered by their health insurance.

Dr Steven Flier, one of the Boston internists, said, "We want to be able to spend more time with patients. We're desperately struggling to create a system that lets us do that within the limitations of managed care."

Interviewed in his office in a sleek modern building in Boca Raton, Dr Colton was enthusiastic about his transformed practice. Before MDVIP, he found that the only way he could make an acceptable living was to see as many as 35 patients a day. Cuts in Medicare and in insurance company payments motivated him to charge the membership fee. Patients unwilling or unable

to pay the \$1500 charge were transferred to other doctors willing to accept them.

Dr Sidney Wolfe, director of consumer organisation Public Citizen's health research group in Washington, DC, said, "Boutique medicine is a predictable consequence of how badly our healthcare system is functioning."

The American Medical Association has not taken an official position on the issue. But Dr Richard Roberts, chairman of the American Academy of Family Physicians, said, "If you have a substantial portion of America's doctors doing this, who's going to take care of everybody else? We've got over 40 million people in this country without health insurance, and another 20 million who are underinsured. What's wrong with this picture?" □